

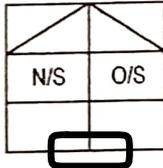
ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD:  TP /  S / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s: VIN'S MOTOR  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SBG3232S Yr Regn: 20 Dec 2019  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: HONDA FIT HYBRID c.c. 1496  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp. Reading: 76329 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: GP51340192  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering:  Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake:  Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi:  Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 185/60R15  
 R: //

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$ \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS:  DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>23-08-2022</u>
Survey held at _____	<u>W/S</u> <u>11AM</u>

 Des. of Damages: Frt /  Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
12.01.2023	Finalised final fig \$1,360.08 ; 3 days with Eric. (Red \$190.00 ; 12%)

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 : W/weekend (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
_____ 3 + RS. _____ SI	_____
Photos	_____
Other:	_____
TOTAL	_____

Report Subject: TP  
 Lump Sum / MPB: IBI \$1,360.08